FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* TRAQUINA PERRY M					2. Issuer Name and Ticker or Trading Symbol ALLSTATE CORP [ALL]										lationship of ck all applica Director		g Perso	on(s) to Issu 10% Ow	
(Last)	(F	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/01/2024								7 "		give title		Other (s below)	·	
C/O THE ALLSTATE CORPORATION 3100 SANDERS ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind Line)	'						
(Street) NORTHBROOK IL 60062				Form filed by More than One Reporting Person											ing				
(City)	2)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
			able I - No							Dis									
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Da		cution Date, y				curities Acquired (A) or osed Of (D) (Instr. 3, 4 a			5. Amount Securities Beneficial Owned Fo Reported	ly	Form:	Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amou	ınt (/	A) or D)	Price	Transaction (Instr. 3 ar				(1130. 4)	
Common Stock 04/01/					/2024			Α		22	4(1)	A	\$172.57	7 4,044.948(2			D		
			Table II -	Derivati (e.g., pu											wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year) 3A. Deemed Execution D if any (Month/Day/		Code	Transaction Code (Instr.		of		5. Date Exercisable a Expiration Date Month/Day/Year)			and 7. Title and Amount Securities Underlyin Derivative Security (3 and 4)		rlying	g Derivative		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exerc	cisable	Expirable Date		Title	Amou Numb Share						
Common Share Unit	\$0							(3)		(3)		Common Stock	7,44	40.496 ⁽³⁾		7,440.49	96 ⁽³⁾	D	

- 1. Stock acquired pursuant to election to receive stock in lieu of cash compensation under The Allstate Corporation 2017 Equity Compensation Plan for Non-Employee Directors.
- 2. Balance also reflects 18.732 shares acquired during the period of January 3, 2024, to April 2, 2024, through the Shareowner Service Plus Plan, which reinvests dividends paid on The Allstate Corporation common shares.
- 3. These common share units were acquired pursuant to The Allstate Corporation Amended and Restated Deferred Compensation Plan for Non-Employee Directors and represent director's fees deferred under the Plan and converted into units based on the market value of The Allstate Corporation's common shares. The units are credited with amounts representing dividends on common shares, as declared, which are also converted into units. For the period of January 3, 2024 through April 1, 2024, the reporting person acquired 39.456 of common share units representing those dividends.

/s/ Meghan E. Jauhar, attorneyin-fact for Perry M. Traquina

04/03/2024

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.